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9D-EC-19348
PATENT

1-16-04
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ruppelt et al.

Art Unit: 3623

Serial No.: 09/480,589

Examiner: Van Doren, Beth

Filed: January 10, 2000

For: METHOD, SYSTEM, AND
PROGRAM PRODUCT FOR ON-
LINE SERVICE CALL
SCHEDULING

Mail stop: AF
Hon. Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

Sir:

In response to the Office Action dated November 14, 2003, and made final, in accordance with 37 C.F.R. § 1.116, Applicants respectfully request consideration and

entry of the following amendment:

01 FC:1202

108.00 DA

JAN 13 2004

OFFICIAL

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: January 13, 2004

Examiner: Van Doren, Beth
Art Unit: 3623
Fax: 1-703-305-7687
From: Thomas M. Fisher

RE: U.S. Patent Application
Serial No.: 09/480,589
Applicant: Ruppelt et al.
Atty. Dkt. No.: 9D-EC-19348

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.)

Amendment in Response to Office Action dated November 14, 2003 (37 pgs.)

Fax Transmittal (1 pg.)

Total pages including cover page: 41

If all pages are not received, please contact: Linda Driscoll at Ext. 7229

RE: The above referenced U.S. Patent Application

Title: METHOD, SYSTEM, AND PROGRAM PRODUCT FOR ON-LINE SERVICE CALL SCHEDULING

Filed: January 10, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 1-703-305-7687 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT

Attorney Docket No.: 9D-EC-19348

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ruppelt et al.

Serial No.: 09/480,589

Filed: January 10, 2000

For: METHOD, SYSTEM, AND
PROGRAM PRODUCT FOR
ON-LINE SERVICE CALL
SCHEDULING

Group Art Unit: 3623

Examiner: Van Doren, Beth

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Fax Transmittal (1 page)
Amendment Transmittal (3 pages)
Amendment in response to Office Action dated November 14, 2003 (37 pages)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$ 1005.00

Fee Due \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

02/25/2004 MJONES1 00000005 01(Col. 4) 09480589
Sale Ref: 00000006 DAW: 012394 09480589
01 FC:1202 108.00 DA/REMAINING CLAIMS

		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	72	MINUS	72	0	x \$9 = \$	x \$18 = \$
INDEP.	6	MINUS	6	0	x \$43 = \$	x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$

TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
----------------------------	----	----------------------------

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

5. Attached is a check in the sum of \$_____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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